

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-013786

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

3310

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1

28/20

3

4 0

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12 69-0

13

69

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DATE AMENDED

INSTEAD OF

DOCUMENT

BY AFFIDAVIT OF

Registration District No.

318

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FILED MAR 28 1963

1. PLACE OF DEATH

a. COUNTY

Missouri

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR
TOWN St. Louis

Length of stay in 1b

15 days

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR
INSTITUTION St. Louis Little Rock
Hosp. Inc.

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Illinois

b. COUNTY

St. Clair

admission)

c. CITY

OR
TOWN East. St. Louis

Inside Limits

Yes ☐ No ☐

d. STREET

ADDRESS (If outside, give location)

#5 D. Griffin Homes

Reside on Farm

Yes ☐ No ☐

3. NAME OF DECEASED

First

Middle

Last

Lawrence

Henry

Sanders

4. DATE OF DEATH

Month

Day

Year

March

20

1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

1-10-1899

9. AGE (last birthday)

64

IF UNDER 1 YEAR IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Switchtender

10b. KIND OF BUSINESS OR INDUSTRY

Railroad

11. BIRTHPLACE (City and state or country)

Centralia, Illinois

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

William Henry Sanders

13b. MOTHER'S MAIDEN NAME

Lulu Mae Mathis

14. NAME OF HUSBAND OR WIFE

Edna Sanders Landreth

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates)

no

none

16. SOCIAL SECURITY NO.

17. INFORMANT

5D Griffin Homes

Mrs. Edna Mae Sanders E. St. Louis, Ill.

18. CAUSE OF DEATH (Enter only one cause)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cardiac failure

INTERVAL BETWEEN ONSET AND DEATH

3 yrs ±

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Cor Pulmonale

3 yrs ±

DUE TO (c)

Asthma, Pulmonary

10 years ±

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

24/1x

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

Month, Day, Year

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐

NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from March 5, 1963 to March 20, 1963 and last saw him alive on March 20, 1963

Death occurred at 8:35 P.M.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

1755 South Grand Blvd.

22c. DATE SIGNED

3/21/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

3-23-63

23c. NAME OF CEMETERY OR CREMATORY

Greenwood

23d. LOCATION (City, town, or county)

East St. Louis

(State)

ILL

24. FUNERAL DIRECTOR

ADDRESS

Kurrrus Funeral Home, East. St. Louis, Ill.

25. DATE RECD. BY LOCAL REG.

MAR 21 1963

26. REGISTRAR'S SIGNATURE

Roan Smith, M.D.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P.O. Address _____

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a **STUDENT**, he also shall sign in his **OWN** handwriting.

If this body is not embalmed, fact should be so stated above.